



STATISTICS IN FOCUS

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SELF-REPORTED HEALTH IN THE EUROPEAN COMMUNITY

*Two out of three Europeans perceive their own health as 'very good' (22 %) or 'good' (43 %). One out of ten reports a 'bad' (7 %) or 'very bad' (3 %) health status; 25 % perceive their own health as 'fair'. Almost a quarter report being hampered in daily activities because of a 'chronic physical or mental health problem, illness or disability' (8 % is 'severely' hampered, 16 % 'to some extent'). Nevertheless almost 11 % of the Europeans report hospitalisation for at least one night in the 12 months preceding the interview (hospitalisation due to child birth is excluded). In all EU Member States (EUR 12) persons with higher education and/or income report **better health** than persons with lower education and/or income.*

This report is based on an analysis of the health data in the European Community Household Panel (ECHP), first wave 1994. The survey was undertaken when the EU had only 12 Member States, so Austria, Finland and Sweden are not yet included. The health section of the ECHP contains questions on perceived health, being hampered in daily activities because of chronic conditions, temporary reduction of activity because of health problems, and hospitalisation in the 12 months preceding the interview. In health statistics the age is an important variable since the occurrence of many health problems increases with ageing. In order to obtain better comparable figures age standardisation is applied. For details on these and other methodological issues see box on page 4.

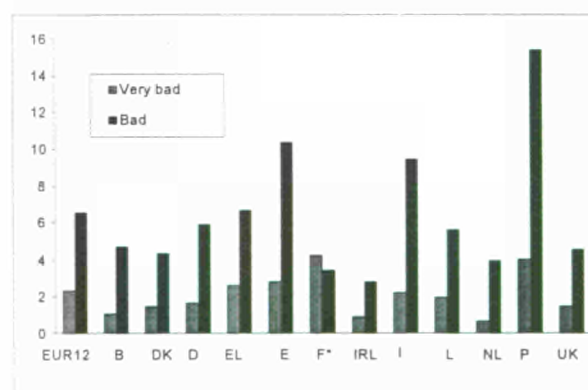
Self reported health

Two out of three Europeans of 16 years of age and over and not living in institutions perceive their own health as 'good' -43 %- or 'very good' - 22 %- (Table 1, first column). Although the question on perceived health may be sensitive to differences in language and 'culture' between Member States, it seems worth noting that for instance 'very good' health is reported by as much as 53 % of the Danish and as little as 8 % of the Portuguese population. The negative responses 'bad' and 'very bad' - to the perceived

health question are most frequent in Portugal, followed by Spain and Italy (Figure 1). On EUR 12 level (very) bad health is about 1-2 % among the youngest age groups and rises up to 35 % among the elderly; it is somewhat more frequent among women than among men.



Fig. 1: Population (16 years and over) with perceived health 'very bad' and 'bad' (standardisation according to age) 1994 - (%)



* France: satisfaction with health is measured: 'not at all satisfied' and 'not satisfied' are shown in the graph

Hampered because of chronic conditions

Almost 8 % of the European population (EUR 12) report being severely hampered in their daily activities 'by any chronic physical or mental health problem'; this means that an estimated 22 million

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Europeans (16 years of age and over) experience serious consequences of health problems. Another 16 % feel hampered 'to some extent'. The relative differences between the Member States are somewhat smaller as compared to 'perceived health'. Although parts of these differences may be due to diverging meanings of words like 'severely' and 'to some extent' in

various languages and cultures, it seems plausible that real differences do exist. The sum of 'severely' and 'to some extent' hampered in daily activities appears to be less than 10 % for the youngest age groups (16-34 years) and exceeds 60 % among the elderly. Among women the increase with age is somewhat stronger, and also more regular, than among men (figure 2).



Table 1. Health indicators per country (16 years of age and over) - 1994 - EUR 12

	EUR 12	B	DK	D	EL	E	F ¹	IRL	I	L	NL	P ³	UK
	(% not standardised)												
Perceived health													
Very good	22	27	53	18	48	19	19	46	20	28	20	8	37
Good	43	47	27	51	28	45	45	34	39	39	55	45	38
Fair	25	21	15	23	15	23	28	17	29	26	21	28	19
Bad	7	5	4	6	7	10	3	3	10	6	4	15	5
Very bad	3	1	1	2	3	3	4	1	2	2	1	4	2
Hampered in daily activities because of chronic conditions													
Yes, severely	8	6	5	7	6	6	10	4	7	4	7	9	5
Yes, to some extent	16	15	15	18	10	12	9	14	15	19	19	19	18
No	76	79	80	76	83	82	81	82	78	77	75	72	77
Cutdown of activities in two weeks because of physical and/or mental reasons²													
Physical and mental	1	1	3	1	1	1	:	2	0	2	4		2
Physical	11	8	13	14	7	10	:	8	4	11	13	13	12
Mental	1	2	2	1	1	1	:	2	1	2	3	5	1
No	86	89	83	83	92	87	:	89	95	86	81	83	85
Hospitalisation during past 12 months⁴													
Yes	11	12	10	13	8	8	10	11	9	15	8	7	11
No	89	88	90	87	92	92	90	89	91	85	92	94	89
Sample size (=100%)	129 133	8 118	5 903	9 155	12 492	17 908	14 332	9 904	17 729	2 046	9 407	11 622	10 517
Population 16 years and over (mln)	280.1	8.2	4.3	67.3	8.5	32.7	44.6	2.6	47.0	0.3	12.3	8.0	45.4

¹ France: perceived health = satisfaction with health

² Cutdown of activities: Eur11 (excl. France)

³ Portugal: cutdown of activities: 'physical' includes 'physical and mental'

⁴ Excl. hospitalisation for child birth

Cut down on 'things usually done'

Nearly 14 % of the European population (EU12) reports that 'during the two weeks ending yesterday' they had to cut down on the things usually done 'about the house, at work or in free time'. The percentage mentioned combines the physical ('illness or injury') and mental ('emotional or mental health problem') reasons for 'cut down'. Looking at these two separately, it appears that 11 % of the population reports a cut down of activity because of 'illness or injury', 1.4 % because of 'an emotional or mental health problem', and 1.3 % reports both reasons. The male-female difference is about 3 percentage points, with 88 % of men reporting no temporary cut down of activities and 85 % of women so reporting.

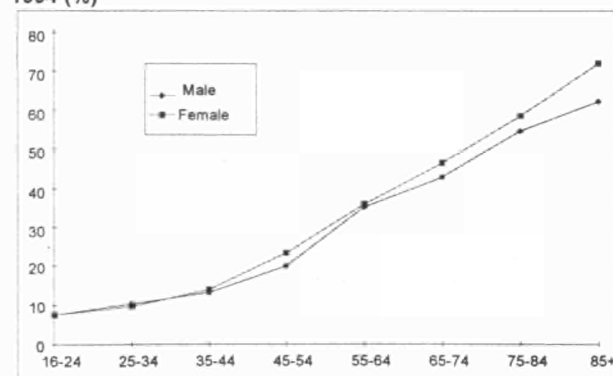
Hospitalisation

11 % of the population interviewed reports having been admitted to a hospital in the 12 months

preceding the interview (in casu 1993/94). There are relatively large differences between the Member States. The hospitalisation figures range from 7 % in Portugal up to 13 % in Germany and



Fig. 2: Persons hampered 'severely' or 'to some extent' in daily activities because of chronic conditions - 1994 (%)



15 % in Luxembourg. With some caution it could be said that in the southern Member States of the EU (EU12) and in the Netherlands the figures are lower than in the other Member States. Up to and including the age group 45-54 years, women have higher hospitalisation rates than men; after that, men have the higher rates, especially in the age group 75-84 (Figure 3).

Socio-economic health differences

With respect to indicators of socio-economic position we use the two variables widely used in other studies: education and income. Level of education is split in 2 categories; income is available in different forms. Here we used the grouping of net household income in quintiles.

On EU12 level we find clear differences between the socio-economic groups. For men as well as for women, education and health problems are negatively related (Figure 4). In addition we note that in the lower educational groups the health of men is somewhat better than of women; in the

groups with higher education, there is no consistent pattern of sex differences. Using income as the socio-economic indicator results in similar conclusions.



Fig. 3: Persons hospitalised during the past 12 months - 1994 - (%)

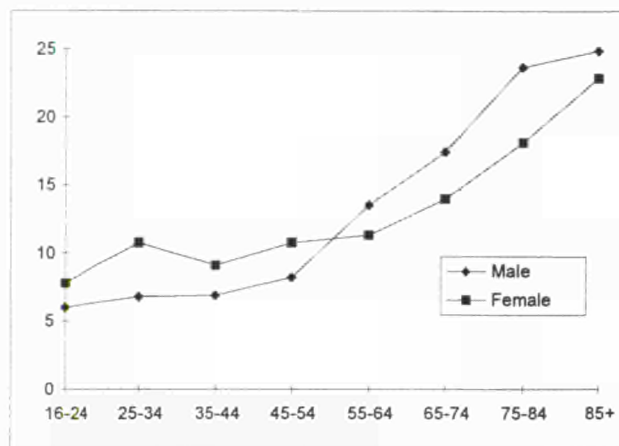


Table 2. Socio-economic health differences - 1994 - EUR 12

	B	DK	D	EL	E	F	IRL	I	L	NL	P	UK
<i>Odds ratios; calculations based on level of education (lower versus higher)</i>												
MALE, 25+												
Perceived health												
(Very) bad, fair	1.5	2.2	1.5	2.6	2.3	1.5	2.5	1.5	2.2	1.9	2.7	1.8
(Very) bad	2.2	1.7	1.6	2.5	3.6	1.8	5.0	2.2	3.2	2.2	5.6	2.1
Hampered in daily activities												
Severely, to some extent	1.6	1.8	1.2	2.1	2.5	1.6	2.6	1.7	1.8	1.5	1.9	1.4
Severely	1.8	1.5	1.7	2.3	2.5	1.9	4.0	2.2	1.4 *	1.8	4.1	1.7
Cut down in 2 weeks	1.4	1.2 *	1.3	1.9	1.5	:	1.8	1.8	1.4 *	1.5	2.7	1.3
FEMALE, 25+												
Perceived health												
(Very) bad, fair	1.7	2.2	1.4	2.2	2.6	1.6	2.5	1.6	1.6	1.5	3.1	2.1
(Very) bad	1.6	1.8	1.4	2.5	3.6	2.0	1.8	2.0	2.0	2.1	5.4	2.1
Hampered in daily activities												
Severely, to some extent	1.3	1.8	1.1 *	1.6	2.7	1.7	1.8	1.7	1.2 *	1.3	1.7	1.3
Severely	1.5	1.7	1.4	1.6	3.0	1.9	2.5	2.0	0.7 *	1.5	2.4	1.6
Cut down in 2 weeks	1.5	1.8	1.0 *	1.3 *	1.6	:	1.5	1.1 *	1.3 *	1.1 *	1.8	1.2

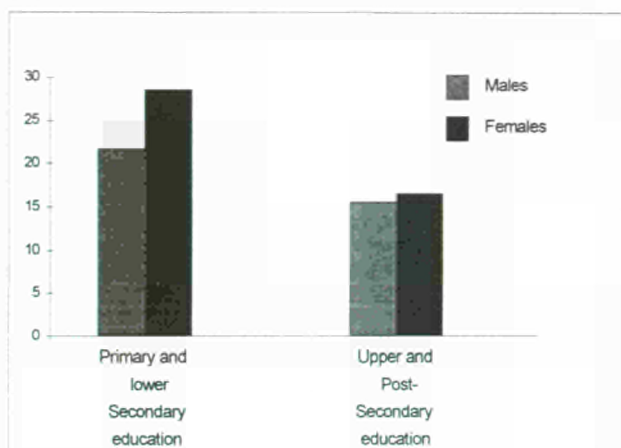
Odds ratios; calculations based on level of income (lower versus higher)

MALE, 25+												
Perceived health												
(Very) bad, fair	1.5	2.7	1.6	1.7	1.6	1.5	2.6	1.6	1.7	1.7	2.0	1.9
(Very) bad	2.2	2.8	1.6	1.8	2.1	2.4	2.5	2.2	2.7	2.0	2.2	2.0
Hampered in daily activities												
Severely, to some extent	1.5	2.3	1.4	2.0	1.9	1.8	2.2	1.8	1.7	1.5	1.8	1.7
Severely	2.1	2.5	1.8	1.9	1.7	2.0	2.5	2.0	2.6	2.3	1.6	1.9
Cut down in two weeks	1.5	2.0	1.3	1.8	1.3	:	1.3	1.2 *	1.7	1.4	1.8	1.4
FEMALE, 25+												
Perceived health												
(Very) bad, fair	1.5	1.9	1.3	1.8	1.5	1.6	1.9	1.4	1.1 *	1.5	1.2	1.8
(Very) bad	1.8	1.4 *	1.4	1.8	1.6	1.7	1.9	1.6	1.3 *	2.3	1.4	1.9
Hampered in daily activities												
Severely, to some extent	1.2	1.5	1.2 *	1.5	1.5	1.7	1.6	1.3	0.9 *	1.3	1.3	1.7
Severely	1.4	1.4 *	1.1 *	1.5	1.4	1.7	1.7	1.4	0.9 *	1.2 *	1.1 *	1.5
Cut down in two weeks	1.7	1.2 *	1.1 *	1.4	1.3	:	1.3	1.0 *	1.5	1.5	1.1 *	1.6

* not statistically significant



Fig. 4: Persons with perceived health '(very) bad' by level of education (standardised according to age) 1994 - (%)



For studying the socio-economic health differences on national level we calculated 'odds ratio's' (Table 2). An odds ratio significantly >1 indicates that the higher education/income groups report better health than the lower groups; the greater the odds ratio, the greater the health differences. With calculations based on education as well as these on income, we find for men significant odds ratios in all Member States for almost all health variables. For women we find a few less significant results, but here too the vast majority is significant. We can say that in all Member States persons with higher education report better health than persons with lower education. Persons with a higher income report a better health than persons with a lower income.

The European Community Household Panel

The data used in this report are taken from the first wave (1994) of the European Community Household Panel (ECHP). This is a multi-dimensional and multi-purpose survey which covers income, demographic and labour force characteristics, health, education, housing, migration and other topics. It is a panel survey, i.e. all individuals are followed up and interviewed in the subsequent years. The survey is based on a harmonised questionnaire which was designed centrally at Eurostat and was then adapted by National Data Collection Units to reflect national institutional differences. The average response rate to the first wave of the survey was 70 %. Weighted data with weights calculated out centrally at Eurostat are used in this report. The total number of households interviewed was 60 000; the total number of persons >= 16 years interviewed in these households 129 000. Persons living in institutions have not been interviewed.

Abbreviations used: EUR12: Belgium (B), Denmark (DK), Germany (D), Greece (EL), Spain (E), France (F), Ireland (IRL), Italy (I), Luxembourg (L), the Netherlands (NL), Portugal (P), United Kingdom (UK).

Health questions in the ECHP used in this report

115. How is your health in general?

(very good; good; fair; bad; very bad)

116. Are you hampered in your daily activities by any chronic physical or mental health problem, illness or disability?

(yes, severely; yes, to some extent; no)

117. Think about the two weeks ending yesterday: have you had to cut down on the things you usually do about the house, at work or in your free time...

-because of illness or injury? (yes; no)

-because of an emotional or mental health problem? (yes; no)

118. Have you been admitted to a hospital as an in-patient during the past 12 months? (yes; no)

Please do not include hospitalisation due to illness of other persons or due to child birth

Age standardisation

Because health is related to age, and the age distribution varies between the EU Member States, it could be somewhat misleading to compare Member State totals on health variables without age standardisation. For that reason we computed 'age-standardised' figures, meaning that in all Member States the age distribution according to the 'European standard population' was used to recalculate the Member State totals. The same age-standardisation was applied for men as well as for women.

Socio-economic health differences

As usual for this type of analysis the health variables are dichotomised: both the variables perceived health and hampered by chronic conditions were recoded into two. For technical reasons (the low prevalence of 'mental cause') the variable 'temporary cut down' is only studied as the dichotomy 'cut down' versus 'not cut down', irrespective whether the reason was physical or mental. In table 2, containing the results of calculations of socio-economic health differences within the Member States, odds ratios were calculated. For education as well as income these summarise the difference between the two lower groups versus the two upper groups.

Information on aims and methodology of this panel can be found in the Eurostat publication 'European Community Household Panel (ECHP): methods, volume 1'

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